



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Quality
99 Chauncy Street, 2nd Floor, Boston, MA 02111
617-753-8000

EMERGENCY INFLUENZA SPECIALTY CARE UNIT (ISCU) SITE DATA FORM

HOSPITAL Name: _____

Street/City/Zip: _____

ISCU Facility Name: _____

ISCU Street/City/Zip: _____

ISCU Contact Person: _____ Phone Number: _____

(Hospital contact during ISCU site development)

Estimated in-patient capacity of the ISCU (# of beds) _____

Estimated distance from the hospital to the ISCU site _____

Has the governing body of the hospital reviewed and approved the ISCU site at this time? Yes ____
No ____

Have the hospital and ISCU facility site executed a written Agreement/Memorandum of Understanding
for projected use of space at this time Yes ____ No ____

Name (Print): _____ Date: _____

Signature: _____ Title: _____

Please complete and return this form to the Department no later than August 1, 2006.

FAX the form to 617-753-8094, or mail to:

Dennis Corbett
Massachusetts Department of Public Health
Division of Health Care Quality
99 Chauncy Street, 2nd Floor
Boston, MA 02111

If you have any questions regarding this correspondence please contact Gail Palmeri (617) 753-8000
or email gail.palmeri@state.ma.us.